FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005775
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1021

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's Hosp — Length of stay in 1b: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Chautauqua
c. CITY OR TOWN: Sedan — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 313 W. Cherokee — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First: Orland — Middle: (n.m.n) (Bud) — Last: Pierson
4. DATE OF DEATH: Month 2 Day 24 Year 58
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-2-1890
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Official Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: City of Sedan
11. BIRTHPLACE (City and state or country): Harper, Kans
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 510-32-1367
17. INFORMANT: Mrs. Irma Pierson — Address: Sedan Kans.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 491.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ✓ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour, a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Feb 20, 1958, to Feb 24, 58 and last saw her/him alive on Feb 24, 58
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Harold W. Voth, M.D. (Degree or title)
22b. ADDRESS: 201 Plaza Med. Bldg 315 Nichols Rd. K.C. Mo.
22c. DATE SIGNED: Feb 24, 58
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-25-58
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cem.
23d. LOCATION (City, town, or county) (State): Sedan, Kansas
24. FUNERAL DIRECTOR: Geo. F. Porter & Sons — ADDRESS: K.C. Kans.
25. DATE RECD. BY LOCAL REG.: 2-25-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

Harold W. Voth

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Chas. K. Ryder.....

Licensed Embalmer No. 3

P. O. Address 19 [illegible] N
K. C. Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.